

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Receipt
#7/CFR

Attorney Docket No.:

Inventors:

Serial No.:

Filing Date:

Examiner:

Group Art Unit:

Title:

ISPH-0518

Baker et al.

09/695,451

October 24, 2000

Not Yet Assigned

1645

Antisense Modulation of TNFR1
Expression

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I, **Jane Massey Licata**, Registration No. 32,257, certify that this correspondence is being deposited with the U.S. Postal Service as First Class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

On this date: March 1, 2001

Jane Massey Licata
Jane Massey Licata, Registration No. 32,257

Assistant Commissioner for
Patents
Washington, D.C. 20231

Dear Sir:

REQUEST FOR CORRECTED FILING RECEIPT

Enclosed for your information is a copy of the Filing Receipt issued by the PTO with respect to the above-identified application. You will note that the following items require correction:

In the **Continuing Data**:

Please insert --Which claims priority of 09/106,038
06/26/1998 PAT 6,007,995--.

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Since this appears to be an error on the part of the United States Patent and Trademark Office, it is respectfully requested that a corrected filing receipt be issued in this case.



Respectfully submitted,

Jane Massey Licata
Jane Massey Licata
Registration No. 32,257

Date: March 1, 2001

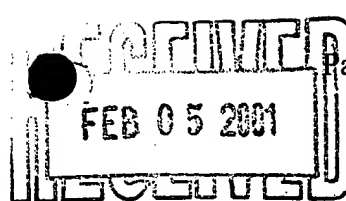
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/695,451	10/24/2000	1645	456	ISPH-0518		24	1

Jane Massey Licata
Law Offices Of Jane Massey Licata
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Marlton, NJ 08053

FILING RECEIPT



OC000000005722778

Date Mailed: 01/31/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. **If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).**

Applicant(s)

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Lex M. Cowser, Carlsbad, CA ;
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Continuing Data as Claimed by Applicant

THIS APPLICATION IS A CIP OF PCT/US99/13763 06/17/1999

which claims priority of 09/106,038 06/26/1998 PAT 6,007,995

Foreign Applications

If Required, Foreign Filing License Granted 01/16/2001

** SMALL ENTITY **

Title

Antisense modulation of TNFR1 expression

Preliminary Class

435

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#7



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Bib Data Sheet

CONFIRMATION NO. 2604

SERIAL NUMBER 09/695,451	FILING DATE 10/24/2000 RULE	CLASS 435	GROUP ART UNIT 1645	ATTORNEY DOCKET NO. ISPH-0518
APPLICANTS Brenda F. Baker, Carlsbad, CA; Lex M. Cowser, Carlsbad, CA; Hong Zang, Carlsbad, CA; Nicholas M. Dean, Olivenhain, CA;				
** CONTINUING DATA ***** <i>IDS</i> THIS APPLICATION IS A CIP OF PCT/US99/13763 06/17/1999 WHICH IS A CON OF 09/106,038 06/26/1998 PAT 6,007,995 <i>ADNE</i>				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/16/2001		** SMALL ENTITY **		
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>James A. Schuch</i> <i>IDS</i> Acknowledged Examiner's Signature Initials	STATE OR COUNTRY CA	SHEETS DRAWING	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 1
ADDRESS Jane Massey Licata Law Offices Of Jane Massey Licata 66 E Main Street Marlton ,NJ 08053				
TITLE Antisense modulation of TNFR1 expression				
FILING FEE RECEIVED 521	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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